



Washington Hearing Society Membership Renewal

Name _____ Date _____

Home Address _____, _____, _____

Business Name _____

Business Address _____, _____, _____

Phone: _____
Business Residence Mobile

Fax: _____ Email Address: _____

WA State License # _____ Other State License # _____

Voting Class Membership Renewal. Any WA State licensed professional in good standing and who holds a valid WA state license as a Hearing Aid Specialist or Audiologist. *\$150 Annual Renewal Fee*

Associate Class (Regular) Membership Renewal. Includes Out-of-State HAS's or Audiologists; WA business owners; manufacturers or their representatives doing business in WA; Employees of a WA state hearing aid company. *\$100 Annual Renewal Fee*

Associate Class (Student) Membership Renewal. Students enrolled in WA State hearing healthcare training, education, vocational programs including colleges and universities, and the WHS HAST program. *\$35 Annual Renewal Fee*

Sustaining Class Membership Renewal. Any individual or business entity that chooses to make a significant gift to the Society. (Contact the WHS Board for more information.)

Ralph Lenhard Scholarship Program Contribution: Contribution amount:

Total Enclosed:

I certify that I am not under investigation by the WA Dept. of Health nor do I have any formal statement of charges pending by any regulatory agency.

I agree to uphold the International Hearing Society's Code of Ethics.

Applicant Signature Date

----- Do Not Write Below This Line -----

WA DOH Clearance Board Approval

FAX to: (360) 855-0431

MAIL to: PO Box 821090, Vancouver, WA 98682